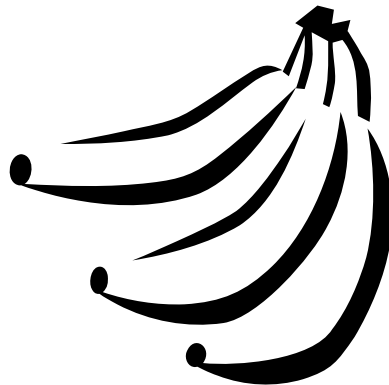


NDPERS Employer Based Worksite Wellness Program





Wellness Program Timeline

- **March, 2005-** Communicate requirements for the 1% health insurance discount.
- **July, 2005-** Appoint a Wellness Coordinator.
- **November, 2005-** Attend the Wellness Forum (either in person or by Webcast)



Wellness Program Timeline

cont.

- **January, 2006-** Submit your Wellness Program Application to PERS by the 31st.
- **March, 2006-** PERS will review and evaluate the Wellness Program Applications submitted.
- **April, 2006-** PERS will provide all Wellness Programs that have not been approved a second opportunity to submit a revised copy.
- **May, 2006-** PERS will review and evaluate the revised Wellness Program Applications submitted.



Program Components

- Sign Commitment Agreement
- Appoint a Wellness Coordinator
- Wellness Coordinator Attend the Wellness Forum
- Develop Annual Wellness Program (Wellness Application)
- Distribute communication materials to your agency employees on a monthly basis and promote the PERS Smoking Cessation Program



Wellness Application Process

- Total of 5 points needed
 - Communication materials and promotion of PERS Smoking Cessation program = 1 point. (required)
 - One Day Program = 1 point.
 - Multi-Day Program = 2 points.
 - Comprehensive Wellness Plan = 4 points.



Wellness Application



Employer Based Wellness Program Discount Application for State Agencies and Political Subdivisions

I. Worksite Information

Agency/Political Subdivision Name & Number: _____

Address: _____ City: _____ Zip: _____

Wellness Coordinator: _____ Title: _____

Telephone Number: _____ Email: _____

Number of active employees who are enrolled in the State of North Dakota health insurance plan: _____

Estimated number of individuals participating in the Wellness Program (percentage of employees participating): _____

II. Affirmative answers to the following questions are mandatory to qualify for the discount.

Wellness Concurrence form signed by top management?
Wellness coordinator assigned to agency/group?
Someone from the agency/group attend or view the NDPERS wellness forum?

III. 5 Points are required to qualify for the discount

1 Point – Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and promote the NDPERS smoking cessation program to employees.

2 Points – Complete a wellness activity (see examples provided or propose your own idea).

2 Points – Complete a different wellness activity (see examples provided or propose your own idea).

4 Points – Complete a comprehensive major wellness program.(Must have prior approval from NDPERS to qualify for full 4 points)



Wellness Application (cont.)

IV. Wellness Activity Description

Short-Term Wellness Activity 1:

Describe the wellness activity you plan on offering and methods for promotion & motivation:

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Does your program benefit the employees in your agency/group?

Do you have an evaluation plan to measure the effectiveness of your program?

Can employees continue participation after the initial program rollout?

Will management be involved in the program?

Short-Term Wellness Activity Program 2:

Describe the wellness program you plan on offering and methods for promotion & motivation:

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Does your program benefit the employees in your agency/group?

Do you have an evaluation plan to measure the effectiveness of your program?

Can employees continue participation after the initial program rollout?

Will management be involved in the program?

Comprehensive Wellness Program:

Describe the wellness program you plan on offering and methods for promotion & motivation:

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Does your program benefit the employees in your agency/group?

Do you have an evaluation plan to measure the effectiveness of your program?

Can employees continue participation after the initial program rollout?

Will management be involved in the program?



Resource List

- Will be available on-line
- There are actual programs for 2 points
- There are informational resources.
- Contact information.

Resources List Examples

United States Department of Agriculture

MyPyramid.gov

Home About Us News & Media Site Help Contact Us

MyPyramid.gov

Go

Plan

MyPyramid


Resources

Guidelines

News

MyPyramid Tracker

Steps to a Healthier You




One size doesn't fit all. MyPyramid Plan can help you choose the foods and amounts that are right for you. For a quick estimate of what and how much you need to eat, enter your age, sex, and activity level in the MyPyramid Plan box.

For a detailed assessment of your food intake and physical activity level, click on MyPyramid Tracker.


Use the advice "Inside MyPyramid" to help you

- Make smart choices from every food group,
- Find your balance between food and physical activity, and
- Get the most nutrition out of your calories.

Spotlights



Tour MyPyramid Blast Off
Short animation that takes you on a tour of the MyPyramid Blast Off game.



MyPyramid for kids
Go here to play the MyPyramid Blast-off game and find other materials designed for elementary school-aged children.


My Pyramid Plan

Age: Sex:

[Select] [Select]

Physical Activity:
Amount of moderate or vigorous activity (such as brisk walking, jogging, biking, aerobics, or yard work) you do in addition to your normal daily routine, most days.

[Select]








My Pyramid Tracker

Go [here](#) for an in-depth assessment of your diet quality and physical activity status.


Resource List Examples cont.


DEPARTMENT OF HEALTH AND HUMAN SERVICES • NATIONAL INSTITUTES OF HEALTH

 National Heart, Lung, and Blood Institute • Obesity Education Initiative

 [BMI Calculator](#)  [Menu Planner](#)  [Portion Distortion](#)  [WeCan!](#)

Aim For A Healthy Weight

 *Information for
Patients and
the Public*

 *Information
for Health
Professionals*



[Information for Patients](#) • [Information for Professionals](#)

[BMI Calculator](#) • [Menu Planner](#) • [Portion Distortion](#) • [WeCan!](#)
[NHLBI Home](#) • [OEI Home](#) • [NHLBI Privacy Statement](#) • [Contact the NHLBI](#) • [Accessibility](#)





www.healthfinder.com



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- **[Organizations](#)**
- Find an organization from our directory of selected government agencies, clearinghouses, non-profits, and universities
- **[Online Checkups](#)**
- [Interactive Menu Planner](#)
- [Test Your Asthma I.Q.](#)
- [50 More Checkups >>](#)
- **[Health Care](#)**
- Information about physicians, dentists, public clinics, hospitals, long term care, nursing homes, health insurance, prescriptions, health fraud, Medicare, Medicaid, and medical privacy
- **[Just For You](#)**
- Selected health topics organized for men and women, by age from kids to seniors, by race and ethnicity, and for parents, caregivers, health professionals, and others
- **[Health News](#)**
- [Mom's IBS Can Affect Child's Care](#)
- [Medicinal Microorganism May Ease IBS](#)
- [A Shopping Cart of Cancer Fighters](#)
- [More Daily Health News >>](#)
- [Noticias en Español >>](#)
- [Health News & More by E-Mail >>](#)
- **[Featured Site](#)**
- [Find a Flu Clinic](#)
- [_ About Us](#) [Accessibility](#) [Disclaimer](#) [Freedom of Information Act](#) [Privacy](#) [Contact Us](#) [Office of Disease Prevention and Health Promotion, U.S. Department of Health & Human Services](#)

Let's See Some Examples



Employer Based Wellness Program Discount Application for State Agencies and Political Subdivisions

I. Worksite Information

Agency/Political Subdivision Name & Number: Sample Small Agency 1000

Address: 400 E. Broadway Ave., Suite #505 City: Bismarck Zip: 58502

Wellness Coordinator: Pam Binder Title: Employee Benefits Specialist

Telephone Number: (701) 328-3900 Email: pbinder@state.nd.us

Number of active employees who are enrolled in the State of North Dakota health insurance plan: 30

Estimated number of individuals participating in the Wellness Program (percentage of employees participating): 17

II. Affirmative answers to the following questions are mandatory to qualify for the discount.

- ☒ Wellness Concurrence form signed by top management?
- ☒ Wellness coordinator assigned to agency/group?
- ☒ Someone from the agency/group attend or view the NDPERS wellness forum?

III. 5 Points are required to qualify for the discount

- ☒ 1 Point – Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and promote the NDPERS smoking cessation program to employees.
- ☒ 2 Points – Complete a wellness activity (see examples provided or propose your own idea).
- ☒ 2 Points – Complete a different wellness activity (see examples provided or propose your own idea).
- ☐ 4 Points – Complete a comprehensive major wellness program.(Must have prior approval from NDPERS to qualify for full 4 points)



Let's See Some Examples

IV. Wellness Activity Description

Short-Term Wellness Activity 1:

Describe the wellness activity you plan on offering and methods for promotion & motivation:

The NDPERS 5-A-Day Challenge. There are materials on organizing the challenge and the implementation of the
Challenge. There will be a kick off meeting with a nutritionist on education and the actual challenge will be 4
Weeks in length. There will be pre surveys and post surveys done by all participants and an overall program
Evaluation at the end.

Yes No

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |

Short-Term Wellness Activity Program 2:

Describe the wellness program you plan on offering and methods for promotion & motivation:

BCBSND Walking Works presentation that will give out pedometers. This will be part of the kickoff for a 10,000
Steps a day challenge. Participants will have to measure their steps per day over a four week period and the goal
will be to reach 10,000. They can record their steps using the pedometers from BCBSND walking works
presentation. Logs will be provided to participants to record their daily steps.

Yes No

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |

Comprehensive Wellness Program:

Describe the wellness program you plan on offering and methods for promotion & motivation:

N/A

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |

Let's See Some Examples



Employer Based Wellness Program Discount Application for State Agencies and Political Subdivisions

I. Worksite Information

Agency/Political Subdivision Name & Number: Sample Medium Agency 2000

Address: 400 E. Broadway Ave.; Suite #505 City: Bismarck Zip: 58502

Wellness Coordinator: Pam Binder Title: Employee Benefits Specialist

Telephone Number: (701) 328-3900 Email: pbinder@state.nd.us

Number of active employees who are enrolled in the State of North Dakota health insurance plan: 86

Estimated number of individuals participating in the Wellness Program (percentage of employees participating): 43

II. Affirmative answers to the following questions are mandatory to qualify for the discount.

- ☒ Wellness Concurrence form signed by top management?
- ☒ Wellness coordinator assigned to agency/group?
- ☒ Someone from the agency/group attend or view the NDPERS wellness forum?

III. 5 Points are required to qualify for the discount

- ☒ 1 Point – Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and promote the NDPERS smoking cessation program to employees.
- ☒ 2 Points – Complete a wellness activity (see examples provided or propose your own idea).
- ☒ 2 Points – Complete a different wellness activity (see examples provided or propose your own idea).
- ☐ 4 Points – Complete a comprehensive major wellness program.(Must have prior approval from NDPERS to qualify for full 4 points)



Let's See Some Examples

IV. Wellness Activity Description

Short-Term Wellness Activity 1:

Describe the wellness activity you plan on offering and methods for promotion & motivation:

This will be a Building the Pyramid Challenge. Using resources from www.mypyramid.com the challenge will
have participants calculate their daily dietary requirements and then challenge them, by using the pyramid tracker
tool to record whether they have met their daily requirements. Each participant will submit copies of their pyramid
tracker results on a weekly basis. This challenge will last for four weeks. The kick off meeting will include
the instructions and informational resources from the USDA My Pyramid website. The participants that meet
the Pyramid Challenge will receive a prize and certificate. There will be an evaluation after the challenge.
The objective is to make participants aware of their daily requirements.

Yes No

☒☐

Does your program benefit the employees in your agency/group?

☒☐

Do you have an evaluation plan to measure the effectiveness of your program?

☒☐

Can employees continue participation after the initial program rollout?

☒☐

Will management be involved in the program?

Short-Term Wellness Activity Program 2:

Describe the wellness program you plan on offering and methods for promotion & motivation:

America on The Move is a challenge that is based from a website. The website's goal is to have the
participants reach 10,000 steps per day. There are tools on the website for tracking the group progress or tracking
the progress by individuals. Daily steps would be submitted and at the end of the two week challenge the winner
would be the participant with the most steps.

Yes No

☒☐

Does your program benefit the employees in your agency/group?

☒☐

Do you have an evaluation plan to measure the effectiveness of your program?

☒☐

Can employees continue participation after the initial program rollout?

☒☐

Will management be involved in the program?

Comprehensive Wellness Program:

Describe the wellness program you plan on offering and methods for promotion & motivation:

N/A

Yes No

☐☐

Does your program benefit the employees in your agency/group?

☐☐

Do you have an evaluation plan to measure the effectiveness of your program?

☐☐

Can employees continue participation after the initial program rollout?

☐☐

Will management be involved in the program?

Let's See Some Examples



Employer Based Wellness Program Discount Application for State Agencies and Political Subdivisions

I. Worksite Information

Agency/Political Subdivision Name & Number: Sample Big Agency 3000

Address: 400 E. Broadway Ave.; Suite #505 City: Bismarck Zip: 58502

Wellness Coordinator: Pam Binder Title: Employee Benefit Specialist

Telephone Number: (701) 328-3900 Email: pbinder@state.nd.us

Number of active employees who are enrolled in the State of North Dakota health insurance plan: 500

Estimated number of individuals participating in the Wellness Program (percentage of employees participating): 500

II. Affirmative answers to the following questions are mandatory to qualify for the discount.

- ☒ Wellness Concurrence form signed by top management?
- ☒ Wellness coordinator assigned to agency/group?
- ☒ Someone from the agency/group attend or view the NDPERS wellness forum?

III. 5 Points are required to qualify for the discount

- ☒ 1 Point – Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and promote the NDPERS smoking cessation program to employees.
- ☒ 2 Points – Complete a wellness activity (see examples provided or propose your own idea).
- ☒ 2 Points – Complete a different wellness activity (see examples provided or propose your own idea).
- ☐ 4 Points – Complete a comprehensive major wellness program.(Must have prior approval from NDPERS to qualify for full 4 points)



Let's See Some Examples

IV. Wellness Activity Description

Short-Term Wellness Activity 1:

Describe the wellness activity you plan on offering and methods for promotion & motivation:

[Have all employees signup to receive via email the Healthy Choices newsletter from BCBSND on a monthly basis.](#)

[This newsletter would come to each member via email. The goal is to have 100 percent participation.](#)

Yes

No

☒☐

Does your program benefit the employees in your agency/group?

☒☐

Do you have an evaluation plan to measure the effectiveness of your program?

☒☐

Can employees continue participation after the initial program rollout?

☒☐

Will management be involved in the program?

Short-Term Wellness Activity Program 2:

Describe the wellness program you plan on offering and methods for promotion & motivation:

[Have all agency employees complete the Health Risk Appraisal found on the My Health Connection website.](#)

[After the completion of the Health Risk Appraisal, send a needs and interests survey to all employees to determine](#)

[The wellness activity to offer. The evaluation process will be the verbal confirmation of participants the completed](#)

[The Health Risk Appraisal on the My Health Connection website.](#)

Yes

No

☒☐

Does your program benefit the employees in your agency/group?

☒☐

Do you have an evaluation plan to measure the effectiveness of your program?

☒☐

Can employees continue participation after the initial program rollout?

☒☐

Will management be involved in the program?

Comprehensive Wellness Program:

Describe the wellness program you plan on offering and methods for promotion & motivation:

[N/A](#)

Yes

No

☐☐

Does your program benefit the employees in your agency/group?

☐☐

Do you have an evaluation plan to measure the effectiveness of your program?

☐☐

Can employees continue participation after the initial program rollout?

☐☐

Will management be involved in the program?



Questions

